

## TRANSMITTAL FORM

Attorney Docket No.

P194/1588P

In re the application **ANDERSON, et al.**Serial No: **09/526,262**Filed: **March 16, 2000**Confirmation No: **1500**Group Art Unit: **2623**Examiner: **Dastouri, Mehrdad**For: **Method and System for Providing A Photo Album To A User Of A Digital Imaging Device**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	<b>Amendment/Reply</b>	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
	<input checked="" type="checkbox"/> <b>After Final</b>	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	<b>Information disclosure statement</b>	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	<input type="checkbox"/> <b>Form 1449</b>	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
	<input type="checkbox"/> <b>(X) Copies of References</b>	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	<b>Extension of Time Request *</b>	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosures (Please identify below)
<input type="checkbox"/>	<b>Express Abandonment</b>	<input type="checkbox"/>	Terminal Disclaimer		SEP 25 2003
<input type="checkbox"/>	<b>Certified Copy of Priority Doc</b>	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		Technology Center 2600
<input type="checkbox"/>	<b>Response to Incomplete Appln</b>	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	<b>Response to Missing Parts</b>	<b>*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u>one (1) month</u>, from <u>August 30, 2003 to September 30, 2003</u>.</b>			
	<input type="checkbox"/> <b>Executed Declaration by Inventor(s)</b>				

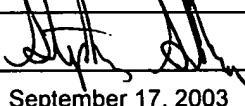
## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	38	37	1	\$18.00	\$ 18.00
Independent Claims	5	4	1	\$84.00	\$ 84.00
		Total Fees		\$ 102.00	

## METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>6520</u> in the amount of \$ <u>212.00</u> is enclosed for payment of fees.
	One (1) month extension of time fee \$110.00; Excess Claims fee \$102.00
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	September 17, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on September 17, 2003

Type or printed name	Grace Alicea
Signature	